

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001505

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 478

STATE FILE NUMBER

FILED FEB 13 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Kansas City

Length of stay in lb

6 Mo

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION ~~0610~~ Lakeside Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

Independence

d. STREET

ADDRESS

904 Red Road

Reside on Farm

-Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WILLIAM

Middle

L

Last

BOESCH

4. DATE OF DEATH

Month

Day

Year

January

26

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/12/1889

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Swift Packing

11. BIRTH PLACE (City and state or country)

Chillicothe Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Boesch

13b. MOTHER'S MAIDEN NAME

Frances Schaeffer

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs G J Masteo 904 Red Road Indep.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Acute Pulmonary Edema.
Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

4 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11/19/61

to 1/26/62

and last saw him alive on 1/26/62.

Death occurred at 10:27 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph A. Fogarty

22b. ADDRESS

402 Northman Bg K C 9, Mo

22c. DATE SIGNED

1/27/62.

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1/29/62

23c. NAME OF CEMETERY OR CREMATORY

Mt Olivet Cemetery

23d. LOCATION (City, town, or county)

St Joseph Missouri

24. FUNERAL DIRECTOR

ADDRESS

Sheil Funeral Home K C Mo

25. DATE RECD. BY LOCAL REG.

1-27-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Joseph A. Fogarty MEDICAL CERTIFICATION

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. Carver

Licensed Embalmer No. 4829

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.